

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042902

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

825

FILED DEC 3 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Ottaville	
Length of stay in b. 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center		d. STREET ADDRESS (If outside, give location) R.R. 2	
3. NAME OF DECEASED (Type or print) First Baby Middle Boy Last YOUNG		4. DATE OF DEATH Month 11 - Day 30 - Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Sedalia Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JERRY YOUNG		13b. MOTHER'S MAIDEN NAME BARBARA VOLLRATH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. University of Mo. Medical Records	
17. INFORMANT Address University of Mo. Medical Records		14. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Aspiration DUE TO (b) Transposition of Great Vessels DUE TO (c) Transposition of Great Vessels Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:13 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clifton City Mo.	
20g. COUNTY Clifton City Mo.		20h. STATE Mo.	
21. I attended the deceased from 11/28/63 to 11/30/63 and last saw him alive on 11/30/63 Death occurred at 1:13 am on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Bel Harris MD (Degree or title)	
22b. ADDRESS University Medical Center		22c. DATE SIGNED 11/30/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) 12-2-63	23b. DATE Clifton City	23c. NAME OF CEMETERY OR CREMATORY Clifton City Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Robert L. Painter	25. DATE RECD. BY LOCAL REG. Nov. 30 1963	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

1

2

3

4

5

6

7

8

VS 300

Rev. 4/59

10109

0270

0

0

0

2

7517

2-0

3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address

Pilot Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.